

CPC Solutions
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Notice of Independent Review Decision

Notice:	Case Number:	X	Date of
	X		

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

X

Description of the service or services in dispute:

X

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part / Disagree in part)

Information Provided to the IRO for Review:

Patient Clinical History (Summary)

The claimant is a X who sustained an injury on X when X. Subsequently, the claimant was followed for X. Other medical complications included X. The claimant is X. The claimant continued to report X. The claimant reported inability to X. No recent imaging reports were included for review. The X evaluation noted X. A X was discussed. The claimant wished to proceed with X. The X letter by Dr. X stated there was X.

The X request was denied by utilization review as there was no subjective or objective findings regarding X.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The claimant had been followed for ongoing X. The current provider suspects X; however, there is no diagnostic evidence to support this. No formal imaging reports of the left knee were included for review detailing evidence of X. It is unclear if other pain generators for the claimant have been ruled out. At this point, there are no clear findings to support further surgical intervention vs. the risks involved with X. Therefore, it is this reviewer's opinion that medical necessity for the request has not been established and the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines

- European Guidelines for Management of Chronic Low Back Pain
- Internal Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- TMF Screening Criteria Manual

- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)

- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)